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# THE CONTINUUM OF CARE



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## For Emotionally Disturbed Children

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ANNUAL REPORT  
1986 - 1987

## PURPOSE OF THE CONTINUUM OF CARE

A Continuum of Care is a range of services from least intensive to most intensive, delivered in settings from least restrictive to most restrictive. The Continuum is intended to address the problems of children and youth who have traditionally "fallen through the cracks" in the State's service system, either because the children were noncompliant and difficult to treat, or because they did not fit the guidelines and eligibility requirements of any given agency. The Continuum is responsible for:

- identifying the needs of this population
- developing plans to address those needs
- coordinating and procuring services among/from public and private agencies —
- coordinating planning, training and services delivery to this population among service delivery agencies
- providing or developing service delivery in those instances where services are not otherwise available
- developing, implementing and superintending a statewide delivery system for children accepted as Continuum clients
- evaluating program effectiveness in meeting the needs of this client population
- determining requirements for development of service delivery programs; providing support for appropriate public agency fiscal initiatives; and, surfacing such requirement issues in the annual report to the General Assembly
- providing a foundation for formulation of future state policy related to serving emotionally disturbed children through coordination, enhancement, development and growth of services and programs



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## BACKGROUND

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The Continuum of Care for Emotionally Disturbed Children was established by the South Carolina General Assembly in June of 1983 through a proviso to the Appropriations Bill for the purpose of establishing and demonstrating a "Continuum of Care" service delivery approach, and to serve as the basis for development of future state policy regarding services to severely emotionally disturbed children and youth. A three-year demonstration project was established in the Midlands.

The Pilot Project served forty clients in Richland, Lexington, Kershaw and Fairfield Counties. The initial target population was determined to be children aged 11-14, who were diagnosed as severely emotionally disturbed and who had "fallen through the cracks" of the current service delivery system. During the project phase the Continuum set up an administrative structure, determined appropriate services to individual clients and designed delivery systems to address their needs. Case management was the keystone for the service delivery model. Case management included diagnosis, evaluation, development of a comprehensive interagency treatment plan, monitoring of client progress and client advocacy.

Clients were determined to need an array or continuum of services ranging from most intensive and restrictive to normalized. The services had to address the treatment, educational and residential needs of clients. Some services existed in the current public and private sectors and could be accessed or purchased. Others had to be developed. Individuals were engaged to provide various outreach, family intervention, recreational and treatment services as client treatment plans indicated the need. In addition, the Policy Council of the Continuum issued contracts to develop three major programs in the Midlands Area:

- the Midlands Area Consortium (MAC) developed a psychoeducational program to provide intensive self-contained classes with behavior management and other support treatment services for the clients most difficult to manage in emotionally handicapped self-contained classrooms. MAC is operated by the consortium of eight public school districts in the Midlands at a school in Richland District One
- the Alston Wilkes Society developed a high management group home for adolescent boys who were unable to function or too difficult to manage in other group or foster care programs
- the SC Mentor, Inc., received a contract to develop professional, highly supported and structured therapeutic foster care homes for severely disturbed children.

The success of the Pilot Project led to the permanent establishment of the Continuum of Care by the South Carolina Legislature on May 23, 1986. A copy of this enabling legislation, Act 431, can be found in its entirety at the end of this report.

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## MISSION STATEMENT

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The mission of the Continuum of Care for Emotionally Disturbed Children, as stated in the law, is to ensure continuing delivery of appropriate services to those severely emotionally disturbed children in South Carolina whose needs are not being adequately met by existing services and programs.



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## STATEMENT OF PRINCIPLES

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The intent of the Continuum of Care for Emotionally Disturbed Children is to ensure the availability of a balanced system of services designed to meet the individual needs of each of its clients. That system should include an array of residential and nonresidential services, from least restrictive to most restrictive. The goal of service delivery is the increased social and emotional competence of each client. Decisions regarding the degree of restrictiveness incorporate considerations about the child's living, education and treatment needs. Case management is provided throughout the continuum of services.

In determining how to intervene in assisting a severely emotionally disturbed child, the Continuum of Care will be guided by the following principles:

1. A qualified client cannot be rejected/ejected because of the severity of his/her emotional problems, the severity of need, or difficulty to manage.
2. Once accepted as a client, a child cannot be denied treatment in an appropriate program, and he/she cannot be ejected as a client because of noncompliance, threatening behavior or failure to show progress.
3. The client treatment plan is individualized, based on the needs of the child, rather than attempting to fit the child to an already established treatment program which may not be fully appropriate.
4. The child should be treated in the least restrictive setting, within the community to the degree possible, which meets his or her treatment needs. Clients should be maintained within their own families whenever possible, and a range of support services should be provided to families to strengthen their functioning. Efforts to reunify families, when a child has been placed outside the home, will be an integral part of case management.
5. The child will be served in a program appropriate to his or her age and sensitive to cultural differences among ethnic and racial groups.
6. Case management will include coordination with the agency/individual holding custody so that each child will be provided a functional family or family-like relationship through a biological, adoptive, foster or surrogate family or significant other person who will participate in the treatment program.

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## SYSTEM DEVELOPMENT GUIDELINES

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Any system designed by the Continuum of Care in an effort to meet the needs of this client population will incorporate the following guidelines:

1. The system will utilize public and private resources, the latter utilized in keeping with sound public policy and in recognition of their value in mobilizing community attention and commitment to emotionally disturbed children and in recognition of their experience in caring for emotionally disturbed children.
2. Placement of children within confined state institutional placements should be only as a last resort and after other alternatives have been exhausted and placement in community-based resources should be favored, except when critical for the child's health or safety or the safety of others.
3. The system will attempt to balance the distribution of resources among several areas of the state to ensure, whenever possible, that a child may remain near his or her community and the persons most interested in his or her welfare. Exceptions based upon the individual needs of the child may occur.



4. The system will examine and evaluate its resources routinely for sufficiency and quality. Such evaluation will include the changing nature and mental health profiles of children in an attempt to see that the supply of services meets the needs of children and will relate program effectiveness to client need.
5. Long-range plans for system development will be based upon a comprehensive plan for emotionally disturbed children developed by the Policy Council which is coordinated with existing agency planning processes.

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## SCOPE OF SERVICES

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The scope of services includes a wide array of educational, residential and treatment programs, varying in intensity and restrictiveness to meet the needs of the child. The Continuum is responsible for accessing and/or procuring services where possible to serve the needs of its client population. Under circumstances in which the Continuum of Care is unable to purchase needed services, it may provide services until they can be procured or accessed.

During the past fiscal year the Continuum purchased, or cost-shared with other agencies, a variety of services for its clients. Hospital and residential services are by far the most expensive of these, costing anywhere from \$25,000 to \$100,000 per year per client. The following is a list of some of the types of services purchased:

### Types of Services Purchased for Clients

#### **Educational**

- Speech Therapy
- Tutoring
- Psycho-Educational Services
- Vocational Services
- Parent Education/Training

#### **Residential**

- Therapeutic Foster Care
- Moderate Management Group Care
- High Management Group Care
- Wilderness Camp
- Residential Treatment Center-
  - In-State
  - Out-of-State Long-Term Treatment
- Respite Care

#### **Treatment**

- Psychological Evaluation
- Activity/Recreation Therapy
- Behavior Management
- Counseling
- Individual Therapy
- Group Therapy
- Family Therapy
- In-Home Intervention
- Day Treatment
- Short-Term Psychiatric Hospitalization

#### **Support Services**

- Transportation
- Medical Services
- Clothing Needs

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## REGIONAL OPERATIONS

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In order to fulfill its mission of ensuring appropriate services to severely emotionally disturbed children in South Carolina, the Policy Council of the Continuum of Care established offices in five regions in the state and has developed a Plan of scheduled expansion. Currently the Continuum provides services to children in seventeen counties of the state. The plan for expansion to other counties is contingent upon increased funding from the state through general funds and Educational Improvement Act (EIA) funds.

The Continuum of Care provides intensive case management to all clients to coordinate and monitor services provided by a variety of agencies, programs and individuals. Typical activities involved in case management include comprehensive evaluation and assessment of client needs, coordinated interagency service planning, client advocacy, monitoring of services and client progress, procurement of therapeutic and support services, and transportation to services.

A brief summary of the major program activities of each regional office is given below.

### Region I: Midlands

Number of Clients — 72

SEX	RACE	GUARDIAN
Males — 64	White — 35	State — 20
Females — 8	Black — 37	Parents — 50
		Other — 2

The Midlands Region initially served Richland, Lexington, Kershaw and Fairfield counties during the Pilot Project phase of the Continuum. During 1986, Newberry County was added to the service area.

Major activities have included:

1. Assistance in placing clients in three previously inaccessible children's facilities.
2. Interagency coordination of transitional services which have resulted in vocational training and gainful employment for clients aging out of the Continuum.
3. Provision of daily therapeutic recreation experiences to twenty clients, as well as a summer therapeutic recreation program.
4. Initiation of efforts which led to the founding of the Children's Advocacy Committee, an interagency planning and advocacy group.

### Region II: Rural

Number of Clients — 30

SEX	RACE	GUARDIAN
Males — 22	White — 9	State — 3
Females — 8	Black — 21	Parents — 27

The Rural Region originally served Bamberg and Allendale Counties. In fiscal year 1986-87, the service area was expanded to include Hampton County. During the past fiscal year, much effort has been concentrated on developing and providing innovative, individualized, community-based treatment and services to clients.

Major activities have included:

1. Advocacy and coordination which has enabled clients to remain enrolled in school during the 1986-87 school term.
2. Development of a Positive Role Model Program designed to provide clients with an adult role model whose services aid emotionally disturbed clients in improving self concept.



3. Development of weekend activity groups.
4. Development of a comprehensive transportation system to assist all clients and their families in accessing services.
5. Design and development of a summer therapeutic activity program.

### Region III: Lowcountry

Number of Clients — 40

SEX	RACE	GUARDIAN
Males — 26	White — 24	State — 13
Females — 14	Black — 15	Parents — 27
	Hispanic — 1	

The Lowcountry Region serves Berkeley, Charleston and Dorchester Counties. Emphasis was placed during FY 1986-87 on expansion of services to children through interagency networking by utilizing and extending urban services and by incorporating rural needs through the use of private and public sector providers.

Major activities have included:

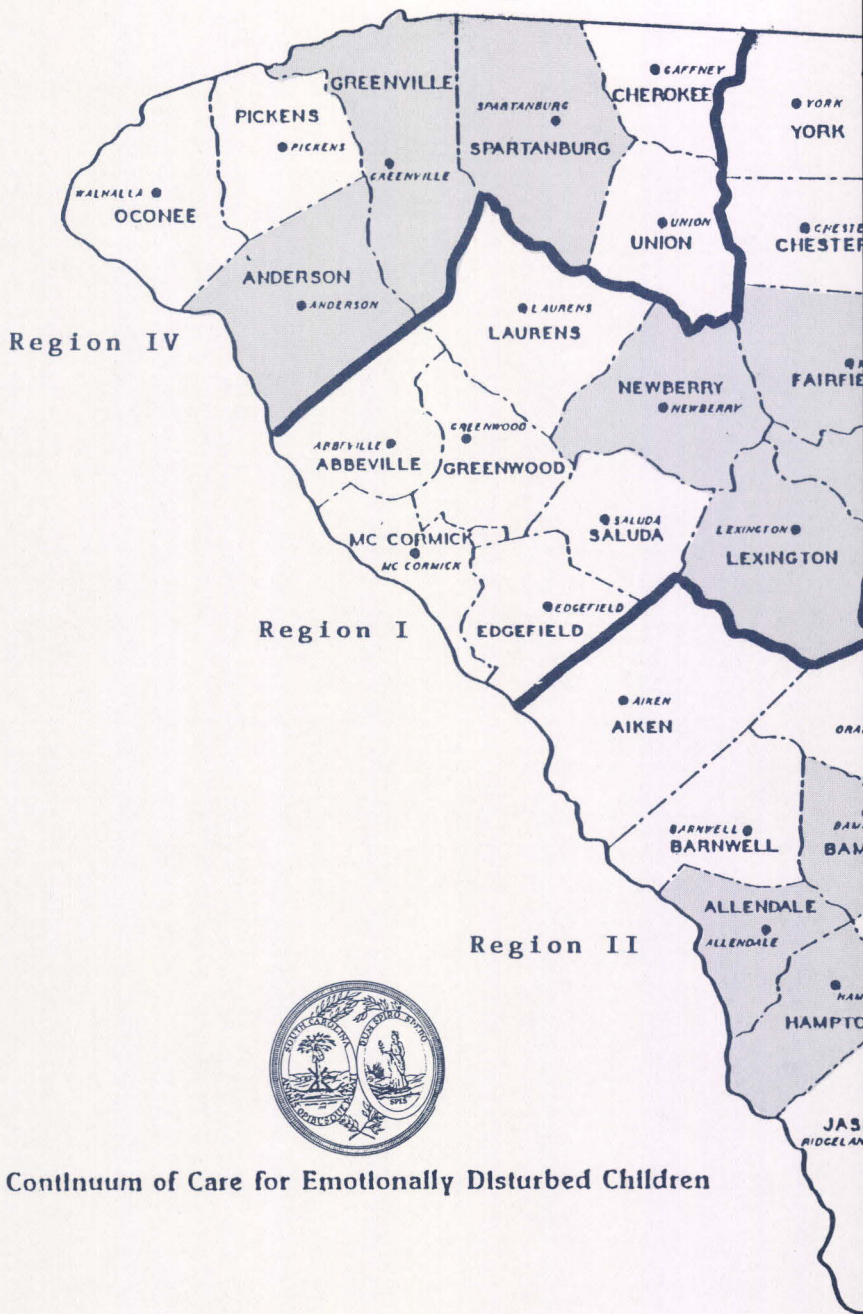
1. Participation in a Memorandum of Agreement with the three county school districts in a private/public partnership day treatment program.
2. Provision of support and technical assistance to public and private providers regarding development of new and expanded services in the area of: a) day treatment; b) community-based crisis stabilization; c) modified program options designed to accommodate Continuum clients; d) long-term, high management residential treatment; e) transportation needs of clients; f) community-based day camp; and g) after school programs.
3. Development of support systems for clients and their families through in-home intervention programs.
4. Development of activity therapy programs which include recreation therapy, daily living skills, art therapy and drama.
5. Facilitation of individualized and expanded educational programs.

### Region IV: Piedmont

Number of Clients — 45

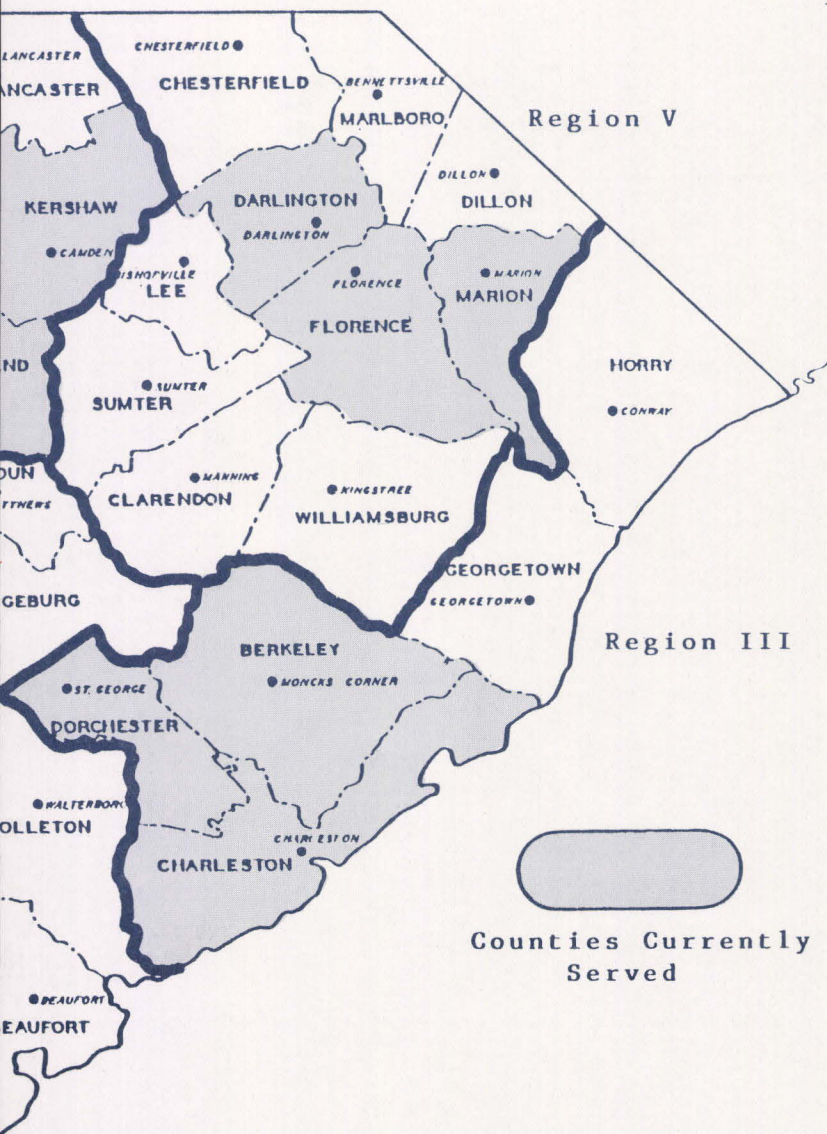
SEX	RACE	GUARDIAN
Males — 31	White — 33	State — 8
Females — 14	Black — 12	Parents — 37

The Piedmont Region serves three counties: Anderson, Greenville and Spartanburg. With innovative approaches to meet individual needs and cooperation from other agencies, significant gains have been made in establishing a continuum of services.



Continuum of Care for Emotionally Disturbed Children





Major activities have included:

1. Opening the Spartanburg satellite in fiscal year 1986.
2. Participation in and organization of interagency activities in order to enhance communications and develop better working relations among agencies.
3. Provision of a summer day camp program.
4. Provision of educational experiences for therapeutic recreation interns, which directly benefited clients.
5. Work with other agencies to identify service gaps and development of interagency networks to address filling these gaps.

### Region V: Pee Dee

Number of Clients — 3 (Began accepting clients in June 1987)

SEX	RACE	GUARDIAN
Males — 3	White — 1	State — 1
Females — 0	Black — 2	Parents — 2

The Pee Dee Region office was established during FY 1986-87. It presently serves clients from Darlington, Florence and Marion Counties. Selection of severely emotionally disturbed clients from this region is underway and services were being provided to three clients by June 30, 1987. Seven additional children will be served within the near future.

Since the establishment of the Pee Dee Regional Office, Continuum staff have been involved in the development of a network of community resources and potential professional service providers. Emphasis has been placed on raising the level of awareness among professionals regarding the need for coordination and development of services for emotionally disturbed children, and the purpose of the Continuum of Care. This goal has been accomplished through numerous presentations to individuals, community organizations and professionals throughout the Pee Dee.

Current purchased services include recreational activities through the Florence Family Young Men's Christian Association (YMCA), transportation services and counseling. Plans for 1987-88 include the negotiation of a contract for an Activity Therapy Program, the employment of additional staff and the progressive development and expansion of services to severely emotionally disturbed children in the Pee Dee area.



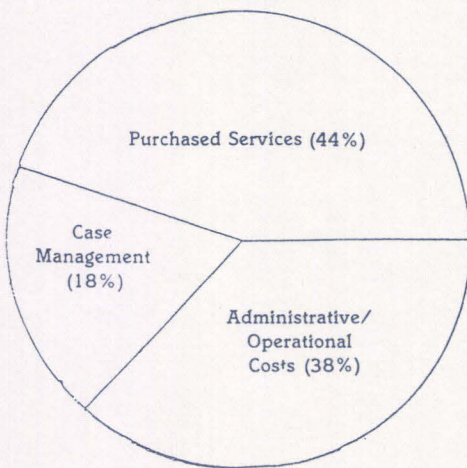
## FINANCIAL INFORMATION

Fiscal year 1986-87 was the first full year of operation by the Continuum under its permanent legislation. During this year the total approved budget, after mandated reductions, was \$3,539,737. Of this amount, \$2,000,000 were Education Improvement Act (EIA) funds received from the State Department of Education through a contract to "enable handicapped pupils to benefit from special education." The balance of the funds were state general funds or other state appropriated funds. Expenditures during the year amounted to approximately \$3,462,000. This was an average expenditure of \$23,500 per full-time equivalent client. The unexpended funds were due to delays that occur in the development of new services and programs.

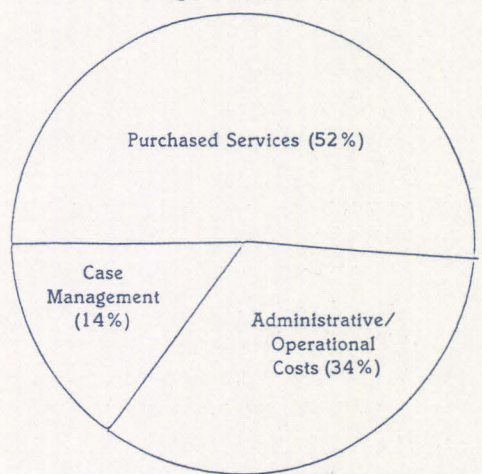
Of the total expenditures for 1986-87, \$1.5 million (44%) was spent directly on the purchase of needed therapeutic services for our clients. Another \$630,000 (18%) was spent on salaries for case management personnel to monitor, coordinate, and manage the range of services provided to these clients. The remaining \$1.3 million (38%) was spent on all other administrative and operational costs involved in planning, evaluating, managing and operating the seven offices of the Continuum.

For fiscal year 1987-88 the total Continuum budget is \$4.6 million. Of this amount, \$2.4 million (52%) is budgeted for direct purchase of services, \$650,000 (14%) for case management personnel, and \$1.5 million (34%) for all other administrative and operational costs. Pie charts depicting the percent of funds expended or projected for purchased services, case management, and administrative/operational costs for FY 1986-87 and FY 1987-88 are shown below.

Expended FY 1986-87



Budgeted FY 1987-88



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## PLANNING AND DEVELOPMENT

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During FY 1986-87 the Continuum assumed leadership responsibility for a wide range of activities and products. Primary among those, in terms of usefulness and impact, were:

1. A comprehensive plan for service development, the Continuum's first long-range plan for the development and implementation of a full array of services for severely emotionally disturbed children in concert with other public agencies and with providers of children's services from the private sector.

This Plan includes:

- current and potential services provision/development through both public and private sectors;
  - anticipated budget allocations; and
  - client needs as determined through a comprehensive needs assessment.
2. Implementation of a procurement policy to develop additional program services for FY 1987-88 through an extensive request for proposals (RFP) process for new services which included:
    - Therapeutic Foster Care in Region I (Midlands)
    - Therapeutic Foster Care in Region II (Rural)
    - Day Treatment in Region III (Lowcountry)
    - High Management Group Care (Re-Ed Model) in Region IV (Piedmont)
    - Activity Therapy in Region V (Pee Dee)
  3. Comprehensive evaluation of services provided to Continuum clients through contracts. This process resulted in recommendations to renew current contracts for services during FY 1987-88.
  4. The evaluation and re-design of the Continuum's management information system to provide for a more client-based, service-oriented, system that facilitates individual and programmatic planning.
  5. Development of a plan to implement recommendations from a study completed previously regarding the state's capability to provide residential services for severely emotionally disturbed children and adolescents through public/private partnerships.
  6. A report on **Prevention of Emotional Disturbance** which includes a review of state and national efforts focusing on state-of-the-art programs and a design for a systematic approach to prevention programming for South Carolina.
  7. An assessment of the Continuum's staff development and training needs. Development of an annual agency training plan has begun.
  8. A report of findings on the state's capability to provide trained professionals to work with severely emotionally disturbed children and adolescents.
  9. The Continuum's first Annual Meeting.

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## ASSESSMENTS OF CLIENT AND SYSTEM NEEDS

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The Continuum of Care accepts as its mission the development, implementation, coordination and evaluation of the service delivery system for children accepted as Continuum clients. To that end the Continuum of Care conducts an annual individualized Needs Assessment on all active clients as a means of accurately estimating and planning for future services.



Results of this survey indicate that:

- 90% of our clients require special education services;
- 60% of our clients need some type of therapeutic residential program;
- 58% of our clients need summer therapeutic recreation programs;
- 53% of our clients need positive role modeling;
- 49% of our clients need some form of activity therapy;
- 48% of our clients need some form of individual, or group therapy;
- 42% of our clients require vocational skills services;
- 40% of our clients need some form of direct support services such as transportation or clothing; and

These findings will help guide planning for future service development. As a part of its mission the Continuum annually facilitates meetings to plan and prioritize additional children's services. This process took place twice during 1986-87.

The first effort, which occurred in December 1986, was a retrospective look at those children's programs identified by agencies represented within the Continuum's Policy Council for which additional state funds were being requested for FY 1987-88. As a result the Policy Council endorsed a legislative package of new programs sponsored by a variety of agencies to meet the needs of severely disturbed children. Program initiatives included outpatient services, in-home intervention services, crisis stabilization, and individual and group residential treatment programs.

In June 1987, Policy Council met to consider the needs of the system of services for emotionally disturbed children for FY 1988-89. The priority programs which are still required in order to enhance the system were identified and agencies accepted responsibility for inclusion of those programs in their budget requests for fiscal year 1988-89. Those programs targeted include: **diagnostic services, crisis stabilization, family intervention/reunification, group and individual specialized residential treatment programs and expanded educational programs.** Through inclusion of requests for these programs in agency budgets it is hoped that services for all emotionally disturbed children in South Carolina will be expanded.

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## FUTURE CONTINUUM PLANS

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The future expansion of the Continuum is in jeopardy as the current budgetary constraints will not allow the Continuum to include additional counties or increase the number of children being served in current programs. The needs of the children currently being served cannot be completely met by the Continuum at its current funding level, as it takes an average of approximately \$25,000 per severely emotionally disturbed child per year to provide appropriate educational, residential and therapeutic support services. The consequences of this dilemma are causing some areas of South Carolina to receive no services from the Continuum for severely emotionally disturbed children and waiting lists are developing in areas currently being served. An outgrowth of this problem is that children's services providers in this state are being forced to inappropriately serve this population, and some children may receive no services at all.

While the Policy Council has reaffirmed its belief that Continuum clients should have access to a full array of services it has also, through joint planning and cooperative budget requests, been progressive in seeking to make available the array of services for all emotionally disturbed children. The Continuum shall continue to advocate aggressively for the development of a comprehensive system of services to this population.



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## ACT 431

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(R.476, H3568) Introduced by Ways and Means Committee: An act to establish the Continuum of Care for Emotionally Disturbed Children, to provide for a Governing body therefore to be known as the Policy Council, to provide for an Advisory Council for this Governing body, and to provide for the powers, duties, and functions of the Continuum of Care.

Be it enacted by the General Assembly of the State of South Carolina.

### Purpose:

Section 1. It is the purpose of this act to develop and enhance the delivery of services to severely emotionally disturbed children and youth and to ensure that the special needs of this population are adequately met. To achieve this objective, the Continuum of Care for Emotionally Disturbed Children, hereafter referred to as the Continuum of Care is hereinafter established.

### Continuum of Care for Emotionally Disturbed Children created

Section 2. There is created the Continuum of Care for Emotionally Disturbed Children with a governing board to be known as the Policy Council. The Policy Council consists of ten members as follows: the Governor or his designee, the Commissioner of the Department of Mental Health, the Commissioner of the Department of Social Services, the Commissioner of the Department of Mental Retardation, the Commissioner of the Department of Youth Services, the State Superintendent of Education or his designee, the Chairman of the Joint Legislative Committee on Mental Health and Mental Retardation, the Chairman of the Joint Legislative Committee on Children, a representative of a school district serving emotionally disturbed children appointed by the Governor; the President of the South Carolina School for the Deaf and Blind, the Superintendent of Wil Lou Gray Opportunity School, and the Superintendent of John de la Howe School shall select from among themselves on a rotating basis a representative to serve on the Policy Council for a three year term.

The representative appointed by the Governor shall serve for a term of three years and until his successor is appointed and qualifies with the term to expire on June thirtieth of the appropriate year.

The Policy Council shall elect from its members a chairman who will serve for a term of two years. Two-thirds membership of the Policy Council constitutes a quorum for the transaction of business.

The Policy Council shall meet at least six times annually and more frequently upon the call of the chairman to review and coordinate the activities of the Continuum of Care.

The Policy Council shall promulgate regulations and formulate all necessary policies, procedures, and rules of administration and operation to effectively carry out the objectives of this act.

### Policy Council

Section 3. The Policy Council must be supported by an Advisory Council of not less than ten members to be appointed by the Governor. The Advisory Council must be representative of public and private individuals who are knowledgeable in services to emotionally disturbed children.

Terms of office for members of the Advisory Council are for three years and until their successors are appointed and qualify, except that of the initial appointments, the governor must designate one-third of the members to serve initial terms of one year each, one-third to serve initial terms of two years each, and the remainder to serve for initial terms of three years each. The terms of all members of the Advisory Council expire on June thirtieth of the appropriate year. Any vacancy must be filled by the Governor for the remainder of the unexpired term.

The Advisory Council shall elect from its members a chairman who shall serve for a term of two years.



The Advisory Council shall meet at least quarterly or more frequently upon the call of the chairman. The Policy Council must meet at least quarterly with the Advisory Council.

Continuum to serve severely emotionally disturbed children

Section 4. The Continuum of Care shall serve children who, at the time of application for services have been diagnosed as severely emotionally disturbed and who have exhausted existing available treatment resources or services. Priority in the selection of clients must be based on criterion to be established by the Continuum of Care.

Duties and functions of Continuum

Section 5. The Continuum of Care shall perform the following duties and functions:

- (a) identify needs and develop plans to address the needs of severely emotionally disturbed children and youth.
- (b) Coordinate planning, training, and service delivery among public and private organizations which provide services to severely emotionally disturbed children and youth.
- (c) Augment existing resources by providing or procuring services, where possible, to complete the range of services needed to serve this population; the scope of services shall include but is not limited to the following:
  - (1) in-home treatment programs;
  - (2) residential treatment programs;
  - (3) education services;
  - (4) counseling services;
  - (5) outreach services;
  - (6) volunteer and community services.

Under circumstances in which the Continuum of Care is unable to procure needed services, it may provide the services until they can be procured;

- (d) direct provision of case management services;
- (e) supervise and administer the development and operation of the Continuum of Care activities and services on a state-wide regional basis.

Council may employ director

Section 6. The Policy Council is authorized to employ a director to serve at its pleasure. The director shall employ staff as is necessary to carry out the provisions of this act. The funds for the director, staff, and other purposes of the Continuum of Care and Policy Council will be as provided by the General Assembly in the annual general appropriations act.

Annual report

Section 7. The Policy Council shall submit an annual report to the Governor and General Assembly on the activities of the Continuum of Care and Policy Council.

Administrative support services

Section 8. The Department of Mental Health shall provide administrative support services as are necessary to perform the fiscal affairs of the Policy Council and Continuum of Care. This does not provide the Department of Mental Health with regulatory authority over the expenditure of funds, hiring of personnel, or other policy and regulatory decisions.

Time effective

Section 9. This act shall take effect upon approval by the Governor.

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**THE CONTINUUM OF CARE POLICY COUNCIL**  
**1986 - 1987**

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